



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/25/2005

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	PRD091101543
INSTALLATION NAME:	INXX USA LTD
INSTALLATION ADDRESS :	RD 604 KM 0.1 SAN JOSE IND PK NORTE WARD MANATI, PR 00674
MAILING ADDRESS :	PO BOX 1678 MANATI, PR 00674-0345

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: INXX USA LTD
or Current Occupant
ATTN: GABRIEL RUIZ
PO BOX 1678
MANATI, PR 00674-0345**

SEND COMPLETED**FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

2005 APR -8 PM 4:16

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for Submittal**
(See instructions on page 13.)MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)
- ☐ As a component of the Hazardous Waste Report

2. Site EPA ID Number (page 14)**EPA ID Number**

P.R.D.0911101543

3. Site Name (page 14)**Name:**

IN YX USA, LTD

4. Site Location Information (page 14)**Street Address:**SAN JOSE INDUSTRIAL PARK RD. # 604
Km 0.1**City, Town, or Village:**

MANATI

State:

PR

County Name:**Zip Code:**

00674

5. Site Land Type (page 14)Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)****A.**

32541

B.

N/A

C.

N/A

D.

N/A

7. Site Mailing Address (page 15)**Street or P. O. Box:**

PO BOX 1678

City, Town, or Village:

MANATI

State:

P.R

Country:

USA

Zip Code:

00674-0345

8. Site Contact Person (page 15)**First Name:**

GABRIEL

MI:**Last Name:**

RU12

Phone Number:

787-621-6000

Extension:

1705

Email address:**9. Operator and Legal Owner of the Site (pages 15 and 16)****A. Name of Site's Operator:**

IN YX USA, LTD

Date Became Operator (mm/dd/yyyy):

04/01/2005

Operator Type:☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**B. Name of Site's Legal Owner:**

IN YX USA, LTD

Date Became Owner (mm/dd/yyyy):

04/01/2005

Owner Type:☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

EPA ID NO: P2D 091 101 543

OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>SAN JOSE INDUSTRIAL PARK</u> <u>120# 604</u> <u>Km. 001</u>	
	City, Town, or Village:	
	State: <u>MANATI, PR</u>	
	Country: <u>USA</u>	Zip Code: <u>00674-0345</u>

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

☒ ☐ 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste

☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator

☐ ☒ 2. Transporter of Hazardous Waste

☐ ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.

☐ ☒ 4. Recycler of Hazardous Waste (at your
site)

☐ ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption

☐ b. Smelting, Melting, and Refining
Furnace Exemption

☐ ☒ 6. Underground Injection Control

B. Universal Waste Activities

☐ ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.

☐ a. Transporter
☐ b. Transfer Facility

☐ ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

☐ a. Processor
☐ b. Re-refiner

☐ ☒ 3. Off-Specification Used Oil Burner

☐ ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

EPA ID NO: PRD 091 101 543

OMB#: 2050-0028 Expires 1/31/2006

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

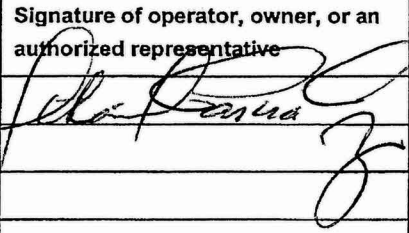
D004	D009	D018	D035	D040		
D007	D010	D022	D038	F003		
D008	D011	D028	D039			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

[Handwritten: 2/A]

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	OTHONIEL GARCIA, VP OPERATIONS	03/30/2005



March 23, 2005

2005 APR -8 PM 4:15

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Jack Hoyt
US Environmental Protection Agency
Region 2 / RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 1007-1866

RE: Notification of Hazardous Waste Activity
EPA ID Number PRD091101543 Installation at Road No. 604 San José Industrial
Park, Cotto Norte Ward, Manatí, Puerto Rico

Dear Mr. Hoyt:

As per Asset Purchase Agreement of December 15, 2004, Inyx USA, Ltd. (Inyx) acquired certain assets from Aventis Pharmaceuticals, Puerto Rico Inc. (Aventis), among which are the pharmaceutical installations and operations above referenced located at Road No. 604, San José Industrial Park, Cotto Norte Ward, Manatí, Puerto Rico. Such facility is operated under EPA Identification Number PRD091101543. This is to notify that as of April 1, 2005, Inyx will commence operating such pharmaceutical installations/operations and, therefore, is hereby requesting EPA to modify the Acknowledgment of Notification of Hazardous Waste to indicate the change of ownership. Enclosed please find EPA Form 8700-12 (Revised 3/2005), RCRA Subtitle C Site Identification Form, filled with the information necessary for EPA to make the changes and to issue an Acknowledgement of Notification of Hazardous Waste Activity in the name of Inyx.

Should further information be needed, please contact José Betancourt, Inyx Consultant, at 787-621-6000 ext. 1300.

Cordially,

INyX USA LTD.

A handwritten signature in dark ink, appearing to read 'Othopiel García'.

Othopiel García
Vice President and Site Director

xc: Ramon Sanchez, Marc Courturier, Inyx

Attachment

Inyx USA Ltd • PO Box 345 • Manatí, PR 00674-0345
Telephone (787) 621-6000 • Fax (787) 854-3100
www.inyxinc.com

THIS FORM REPLACES PREVIOUS FORM 3510-7 (8-92)
Please See Instructions Before Completing This Form

Form Approved. OMB No. 3040-0066
Approval expires: 6-31-98

APR - 8 PM 4: 16

NPDES FORM

EPA

United States Environmental Protection Agency
Washington, DC 20460

Notice of Termination (NOT) of Coverage Under a NPDES General Permit for Storm Water Discharges Associated with Industrial Activity

Submission of this Notice of Termination constitutes notice that the party identified in Section II of this form is no longer authorized to discharge storm water associated with industrial activity under the NPDES program. ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM.

I. Permit Information

NPDES Storm Water General Permit Number: P.R.R.05.A07.9 Check Here if You are No Longer the Operator of the Facility: ☒ Check Here if the Storm Water Discharge is Being Terminated: ☐

II. Facility Operator Information

Name: AVENTIS PHARMACEUTICALS P.R. INC. Phone: 787.762.1600

Address: P.O. BOX 345

City: MANATEE State: PR ZIP Code: 00674-0345

III. Facility/Site Location Information

Name: AVENTIS PHARMACEUTICALS P.R. INC.

Address: SAN JOSE INDUSTRIAL PARK RD. #604

City: MANATEE State: PR ZIP Code: 00674-0345

Latitude: 18.2607 Longitude: 066.2849 Quarter: ☐ Section: ☐ Township: ☐ Range: ☐

IV. Certification: I certify under penalty of law that all storm water discharges associated with industrial activity from the identified facility that are authorized by a NPDES general permit have been eliminated or that I am no longer the operator of the facility or construction site. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge storm water associated with industrial activity under this general permit, and that discharging pollutants in storm water associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Notice of Termination does not release an operator from liability for any violations of this permit or the Clean Water Act.

Print Name: MONTÉ, PHILIPS Date: 03/31/05

Signature: [Signature]

Instructions for Completing Notice of Termination (NOT) Form

Who May File a Notice of Termination (NOT) Form

Facilities who are presently covered under an EPA-issued National Pollutant Discharge Elimination System (NPDES) General Permit (including the 1995 Multi-Sector Permit) for Storm Water Discharges Associated with Industrial Activity may submit a Notice of Termination (NOT) form when their facilities no longer have any storm water discharges associated with industrial activity as defined in the storm water regulations at 40 CFR 122.26(b)(14), or when they are no longer the operator of the facilities.

For construction activities, elimination of all storm water discharges associated with industrial activity occurs when disturbed soils at the construction site have been finally stabilized and temporary erosion and sediment control measures have been removed or will be removed at an appropriate time, or that all storm water discharges associated with industrial activity from the construction site that are authorized by a NPDES general permit have otherwise been eliminated. Final stabilization means that all soil-disturbing activities at the site have been completed, and that a uniform perennial vegetative cover with a density of 70% of the cover for unpaved areas and areas not covered by permanent structures has been established, or equivalent permanent stabilization measures (such as the use of silt traps, gabions, or geotextiles) have been employed.

Where to File NOT Form

NOTs sent regular mail:
Stormwater Notice of Termination (4203M)
USEPA
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460

NOTs sent overnight/express:
Stormwater Notice of Termination
US EPA East building, Rm. 7420
1201 Constitution Avenue, NW
Washington, D.C. 20004
(202) 564-9545

Completing the Form

Type or print, using upper-case letters, in the appropriate areas only. Please place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use only one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. If you have any questions about this form, telephone or write the Notice of Intent Processing Center at (866) 352-7755.

NPDES
Form
3510-6



United States Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2040-0086

4:16

**Notice of Intent for Storm Water Discharges Associated with
INDUSTRIAL ACTIVITY Under the Multi-sector NPDES General Permit**

Submission of this completed Notice of Intent (NOI) constitutes notice that the entity in Section B intends to be authorized to discharge pollutants to waters of the United States, from the facility or site identified in Section C, under EPA's Storm Water Multi-sector General Permit (MSGP). Submission of the NOI also constitutes notice that the party identified in Section B of this form has read, understands, and meets the eligibility conditions of Part I of the MSGP; agrees to comply with all applicable terms and conditions of the MSGP; understands that continued authorization under the MSGP is contingent on maintaining eligibility for coverage, and that implementation of the permittee's pollution prevention plan is required two days after a complete NOI is mailed. In order to be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements, including the requirement to prepare and implement a storm water pollution prevention plan.

A. Permit Selection

If new, enter generic permit, otherwise enter previous permit: P 005A 679

New Permit Number (EPA Use Only)

☐ R05 ☐

B. Facility Operator Information

1. Name: INXX USA LTD 2. Phone: 787 621 6009
3. Mailing Address: a. Street or P.O. Box: PO BOX 345
b. City: MAINTA c. State: PR d. Zip Code: 00671-1488

C. Facility/Site Information

1. Facility/Site Name: INXX USA LTD
2. Location Address: a. Street: SAN JOSE INDUSTRIAL PARK RD # 684
b. City: MAINTA c. County: USA
d. State: PR e. Zip Code: 00671 f. Latitude: 18 26 07 g. Longitude: 066 28 49

3. If you are filing as a co-permittee, enter storm water general permit number: ☐

4.a. Permit Applicant: ☐ Federal ☐ State ☐ Tribal ☒ Private ☐ Other public entity

b. Is the facility located on Indian Country Lands? ☐ Yes ☒ No

5. Does the facility discharge storm water into:

a. Receiving water(s)? ☒ Yes ☐ No If yes, name(s) of receiving water(s): UNNAMED CREEK

b. A municipal separate storm sewer system (MS4)? ☒ Yes ☐ No
If yes, name of the MS4 operator: MAINTA MYMHC IRAA LTD

6. The 4-digit Standard Industrial Classification (SIC) codes or the 2-letter Activity Codes that best represent the principal products produced or services rendered by your facility and major co-located activities:

Primary: 2834 Secondary (if applicable): ☐

7. Applicable sector(s) of industrial activity, as designated in Part 1.2.1 of the MSGP, that include associated discharges that you seek to have covered under this permit (choose up to three):

<input type="checkbox"/> Sector A	<input type="checkbox"/> Sector F	<input type="checkbox"/> Sector K	<input type="checkbox"/> Sector P	<input type="checkbox"/> Sector U	<input type="checkbox"/> Sector Z
<input type="checkbox"/> Sector B	<input type="checkbox"/> Sector G	<input type="checkbox"/> Sector L	<input type="checkbox"/> Sector Q	<input type="checkbox"/> Sector V	<input type="checkbox"/> Sector AA
<input checked="" type="checkbox"/> Sector C	<input type="checkbox"/> Sector H	<input type="checkbox"/> Sector M	<input type="checkbox"/> Sector R	<input type="checkbox"/> Sector W	<input type="checkbox"/> Sector AB
<input type="checkbox"/> Sector D	<input type="checkbox"/> Sector I	<input type="checkbox"/> Sector N	<input type="checkbox"/> Sector S	<input type="checkbox"/> Sector X	<input type="checkbox"/> Sector AC
<input type="checkbox"/> Sector E	<input type="checkbox"/> Sector J	<input type="checkbox"/> Sector O	<input type="checkbox"/> Sector T	<input type="checkbox"/> Sector Y	<input type="checkbox"/> Sector AD

8. Additional Facility/Site Requirements:

a. Based on the instructions provided in Addendum A of the MSGP, have the eligibility criteria for "listed species" and critical habitat been met? ☒ Yes ☐ No

b. Based on the instructions provided in Addendum B of the MSGP, have the eligibility criteria for protection of historic properties been met? ☒ Yes ☐ No

D. Certification

Do you certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted? Based on your inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, do you certify that the information submitted is, to the best of your knowledge and belief, true, accurate, and complete? Do you certify that you are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations?

Print Name: OTHELIA GARCIA

Signature: [Signature]

Date: 033005

INSPECTOR'S MULTI-MEDIA CHECKLIST

Revised: August 2003

Facility Name: AYENTIS PHARMACEUTICALS, P.R., INC

Address: SAN JOSE RD 604

MANATI, P.R. 00674

ID No.: PRD 091101543

Contact: MR. RAMON SANCHEZ Phone: 787-884-7922

Inspector: ABDOOL H. JABAR Phone: 212-637-4131 Div./Br.: ^{DECA}RCRA-HWCS

Date of Inspection: 6/15/04 Referred by LAN to: _____

Date of Referral: _____ Referrals must be made only to Program Contacts on page 2.
[copy to C. Zafonte, MM Enforcement Coordinator, for tracking.]

Referee is requested to provide an initial response within 3 weeks of the referral.

GENERAL GUIDANCE

VISUAL CUES OF POSSIBLE NON-COMPLIANCE WARRANTING INQUIRY

- Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.
- Stains or discoloration of soil, concrete, or floors in work areas.
- Distressed vegetation - unhealthy, discolored, or dead.
- Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
- Unusual odors or strong chemical smells.
- Sheen on surface waters.

CHECK IT OUT!

- o ... if you see or hear something suspicious during an inspection. Ask probing questions:
 - What is it? Is it a waste product?
 - What process produced it?
 - Has it been tested?
 - Where do you normally dispose of it?
 - Do you have a permit for the disposal?
 - How long has the circumstance existed?
 - When did it begin?
- o Pay attention to the situation, and take photographs.
 - Note the location and the amount of pollutant that appears to be involved.
 - Take notes describing the situation, the source of the pollutant and its emission point.

TABLE OF CONTENTS & PROGRAM CONTACTS

		<u>Page</u>
General Guidance.....		1
AIR (incl. CFCs & Asbestos):	<i>Lead/cc: Backup</i> Harish Patel/ 212-637-4046 Ken Eng -4080	3
CEPD/ESB: EMB:	Carlos O'Neill 787-729-6951(x230) ---- Victor Trinidad 226	
EPCRA Toxic Release Inventory: cc: PTSB-TS Section Chief	Nora Lopez/ 732-906-6890	4
- All other EPCRA:	Dan Kraft 732-321-6669 John Higgins -6194	4
Federal Facilities:	Kathleen Malone/ -4083 John Gorman 212-637-4008	-----
FIFRA: cc: PTSB Branch Chief	Adrian Enache 732-321-6769 Ken Stoller 732-321-6765	5
NPDES and Pretreatment (industrial WW discharge to a sanitary system): NJ & NY Pretreatment: NJ & NY Surface & Storm Water Discharges Caribbean NPDES and Pretreatment:	Frank Brock 212-637-3762 Ari Harris -3763 Carlos O'Neill 787-977-5821	6
Oceans:	Doug Pabst -3797	-----
Public Water Supply:	Doug McKenna -4244	7
Radiation:	Jeanette Eng -4007	7
RCRA:	Phil Flax -4143	8
Remedial Actions in NJ: NY & Caribbean:	Carole Petersen -4418 John Lapadula -4262	-----
Removal Actions:	Richard Salkie 732-321-6658 Bruce Sprague -6656	-----
SPCC/FRP:	Doug Kodama 732-906-6905	9
TSCA: PCBs Chemicals cc for both: PTSB-TS Section Chief	Dan Kraft 732-906-6669 Mike Bious 732-906-6892 Dan Kraft 732-321-6669	10
UIC:	John Kushwara 212-637-4232	6
UST:	"	11
Wetlands:	David Pohle/ 212-637-3824 Daniel Montella -3801	11
<u>Criminal Investigations Division -</u>	William V. Lometti -3634	11

REPORTING POSSIBLE NON-COMPLIANCE

Throughout this checklist, there are YES/NO questions to be circled. If a bold YES or NO field is circled, there is a follow-up question. If you circle a field marked with an asterisk (*), you should promptly refer the matter to the Region II office for that program. After you return from your inspection, immediately let your supervisor know that you observed possible non-compliance in another program area during your inspection. The information should then be referred to the appropriate contact listed above.

Air

With the sun in a 140° arc BEHIND you, is opaque smoke is being emitted?

YES* NO

Note: "Opaque smoke" is not steam -- will obscure anything behind it for >5 minutes. Steam dissipates at a given point; smoke trails off.

Note relative positions of the sun, the observer and the emission point.

If YES:

Note color of smoke: _____.

From which specific process line is smoke coming? (e.g., "Boiler No. 4" or "Coating Line C"). _____.

What is the cause of the smoke emission? e.g., –

i. Is air pollution control equipment out of service, or turned off during production?

YES NO

If YES: When will it be back on line? _____

ii. Is the facility under an unusual load, using different fuels, or process feeds?

YES NO

Have any processes been added or changed in any way in the last 2 years?

YES NO

If YES: Did the facility obtain state or federal air pollution permits for it?

YES NO*

Has the facility undergone any renovation or demolition during the last 18 months, involving removal or disturbance of asbestos-containing materials?

YES NO

Approximate square or linear feet of materials involved? _____.

If >260 linear feet, or 160 square feet, and the facility has submitted a notification, ask for a copy and send it to ACB (this is not a referral).

If >260 linear feet, or 160 square feet, and the facility has not submitted a notification, **REFER** to the Air Compliance Branch for followup.

Do **facility employees** maintain, service, repair, or dispose of air conditioning/refrigeration equipment involving CFC refrigerant?
[If a contractor does this work, do not refer the matter.]

YES NO

If YES: Does facility have Recovery/Recycle or Recovery only equipment?

YES NO*

Emergency Planning and Community Right-to-know Act (EPCRA)

Toxic Release Inventory (TRI)

1. Does the facility have 10 or more full-time employees?

YES NO

b. Is the facility classified under any of the following sectors?

YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Type of facility	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type of facility
<input type="checkbox"/>	<input type="checkbox"/>	manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	electric utilities
<input type="checkbox"/>	<input type="checkbox"/>	commercial hazardous waste treatment	<input type="checkbox"/>	<input type="checkbox"/>	petroleum bulk terminals
<input type="checkbox"/>	<input type="checkbox"/>	metal mining,	<input type="checkbox"/>	<input type="checkbox"/>	chemical wholesaler
<input type="checkbox"/>	<input type="checkbox"/>	coal mining	<input type="checkbox"/>	<input type="checkbox"/>	solvent recovery services.

If the answers to **both** questions 1. and 2. are **YES**, ask :

A. Is the facility aware of EPCRA Section 313 or Toxic Release Inventory Requirements? **YES** NO*

B. Is the facility aware of recent reporting thresholds reduction of listed chemicals manufactured, processed or used ? **YES** NO*

If the answer for either A or B is No, provide EPA program contacts for compliance assistance.

Region II EPCRA - Toxic Release Inventory: 732-906-6890.

All Other EPCRA:

a. Is there on-site any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities (which vary by chemical, and range from 1 to 5000 lb.)? **YES** NO
If YES: Were the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of these chemicals for local planning purposes?
 YES NO*

a. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity (assume 1 lb.)? **YES*** **NO**
If YES: Was notification of the release provided? **YES** NO*
If YES: i. To whom was the notification given? _____
 ii. Was notification oral or written? _____
 iii. If oral, was a written, follow-up report submitted? _____
 [If the facility does not know the answers to any of i, ii, or iii questions, ***REFER***.]
 YES NO*

b. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? **YES** NO*

c. If the facility has >10,000 lb of any hazardous chemicals, or Extremely Hazardous Substances >threshold planning quantities, have MSDS (or a list of MSDS), and chemical inventory forms been given to state and local emergency planning authorities and the local fire department? **YES** NO*

Federal Insecticide, Fungicide and Rodenticide Act (FIFRA)

1. If inspecting a manufacturing facility, ask: N/A

- A. Are any pesticides manufactured, relabeled, or repackaged at this establishment? YES NO
Pesticide is any substance or mixture intended (1) to prevent, destroy, repel, or mitigate any pest, or (2) for use as a plant regulator, defoliant, or desiccant.
- B. If A. is YES, does the establishment have an EPA Establishment Number? YES NO*
(All production, relabeling and/or repackaging must be registered with EPA.)
- C. If B. is Yes, enter the Establishment Number: _____ and continue:
- D. Has the company filed the Annual Pesticide Production Report form? YES NO*
(due March 2 of each year for the previous calendar year's production.)

2. If inspecting a storage-distribution facility or a retail facility, ask: N/A

- A. Are any pesticides being held for sale/distribution, or stored at this facility (warehouse)? YES NO
- B. If A. is YES, are restricted-use pesticides stored, or held for distribution/sale at this facility? YES* NO
- C. Are any containers leaking? YES* NO
- D. Are pesticides stored next to acid, caustic and/or oxidizing materials? YES* NO

3. If pesticides may not have been properly used, observe and record any effects such as human adverse reaction(s), dead fish, birds, or wildlife, plant damage, etc, and ask: N/A

- A. Have pesticides been applied by an employee or by a pesticide application company? YES* NO
- B. If A. is YES, ask for:
- Date of application,
 - Name of pesticide applied,
 - Name of pesticide applicator company, or facility person who made the application,
 - Address and/or phone number of pesticide applicator company (if applicable),
 - Type of health complaints from employee (if applicable),
 - Contact person for follow-up.

4. If inspecting a public housing, educational, or day care facility, farm market, flea market, spa or health facility, beauty parlor, or private housing, are pesticides sold there? N/A

- A. If 4. is YES, are the pesticides registered for agricultural use (see label) YES* NO
 If you suspect, or are unsure if the pesticides are registered for agricultural use, ***Refer***.
- B. If A. is YES, ask for:
- Name and identity (e.g farmers, homeowners, pesticide applicators, etc.) of the buyers,
 - Address and telephone number of the buyers,
 - Name(s) of pesticide purchased,
 - EPA Registration Number (EPA Reg. No.) of pesticide(s) purchased.
- C. Are pesticides sold in unlabeled containers or with hand-written labels. YES* NO

Note: If you suspect, but are unsure, that pesticides are being sold in unlabeled containers, or with hand-written labels, ***REFER*** this.

NPDES, Pretreatment & UIC

1. Does the facility generate industrial wastewater (IW), sanitary wastewater (WW) and/or

storm water (SW) and dispose of any of it as follows (**Circle as applicable**):

- a. To a receiving stream/surface water body (or onto ground near enough to impact one)?..... IW WW **SW**
- b. To a sanitary sewer system that discharges to a municipal treatment plant (POTW)?..... **IW** **WW** SW
- c. To a storm water sewer system?.....IW* WW* SW
- d. To a subsurface disposal system (septic system, drywell, cesspool, sinkhole)?.....IW* WW SW
- e. Is any of it trucked off site?.....**IW** WW SW
- f. Onto ground surface (e.g. spray, discharge pipe, open trench)IW WW SW

Identify the water bodies and/or sewer system: UNNAMED CREEK

- 2a. Are there floor drains, sinks (not in bathrooms), or storm water collection structures:
 - where raw materials, products, wastes or wastewaters are generated, stored or transported &/or
 - that are possibly receiving wastes due to poor housekeeping, etc.? YES **NO**
- b. If YES to a, is there fluid in the drain/structure? YES NO
- c. If YES to a, is there evidence that contaminants entered drain/structure?
 (e.g., discolored or smelly fluid; stained drain or floor nearby) YES* NO
- d. Ask what types of fluids enter drains/structures: _____
- 3a. Has the facility applied for a permit for each discharge noted in question 1? YES **NO***
 If permitted, ask for permit numbers PRASA GDA 93-210-037
- b. If you answered yes to question 1a or 1c for storm water, but the facility does not have a storm water discharge permit, ask why (facility may not be subject to stormwater requirements): _____
- c. If you answered question 3b, ask what SIC code(s) describe all the facility's activities¹: _____
- 4 a. Does the facility treat wastewater before discharge? YES NO
- b. How is it treated? BIOLOGICAL TREATMENT, PH adjustment

* Refer this to water program (to WCB, if the site is in NY or NJ; to CEPD's ESB, if in PR or VI).

Public Water Supply

1. **Observe/Ask:** Does the facility have its own potable water supply? YES **NO**

¹ If the first 2 digits of any facility SIC code are 10-14, 20-45 or 51, or if facility is a landfill/land application site, recycler, hazardous waste TSD, or steam electric power generator, or if there are construction activities covering >5 acres, refer this to the water program (WCB, if the site is in NY or NJ; CEPD's ESB, if in PR or VI).

2. **If YES**, does the facility provide potable water for 25 or more persons?

YES NO

3. **If YES**, is the water analyzed for contaminants & results reported to the state?

YES NO**

**** Refer this to water program (to WCB, if the site is in NY or NJ;
to CEPD's EMB, if in PR or VI).**

Radiation

1. Are radioactive materials used or stored at this facility?

☒ YES NO

2. **If YES**, does the facility have a state or federal radiation license for them?

☒ YES NO*

Resource Conservation & Recovery Act (RCRA)

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), **DO NOT** answer the rest of the RCRA questions, but enter the facility's EPA ID #:

_____.

If the facility does not have this ID number, ask:

- | | |
|--|---|
| <p>1.A. Has the facility determined that it generates hazardous waste?
 If YES, ask how the determination was made: _____.
 If NO, skip Questions 2 to 8 and go to Question 9. If YES, continue:</p> <p>B. If the facility generates or transports hazardous waste, ask for its
 EPA ID No.? _____.
 If the facility cannot produce an ID Number, *REFER*.]</p> | <p>YES NO</p> |
| <p>2.A. Are there containers or tanks that hold hazardous waste?
 If NO, go to Question # 3. If YES, continue:</p> <p>B. Are the containers and/or tanks clearly marked with the words "Hazardous Waste," and
 are they marked with the accumulation start date?</p> <p>C. Do hazardous waste storage tanks have secondary containment (berm, vault, double walls)?</p> <p>D. Does the facility store hazardous waste in containers or tanks for >90 days?</p> | <p>YES NO</p> <p>YES NO*</p> <p>YES NO*</p> <p>YES* NO</p> |
| <p>3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills?</p> <p>4. Does the facility treat hazardous waste by incineration, precipitation, neutralization, or
 other means to change the physical or chemical nature of the waste?</p> <p>5. Does the facility accept hazardous waste for treatment, storage or disposal from off-site
 locations (including off-site facilities owned by the same company)?</p> <p>6. Does the facility maintain copies of hazardous waste manifests on-site?</p> <p>7. Do hazardous waste storage or treatment units (<u>e.g.</u>, containers or tanks) appear to be poorly
 maintained and may release hazardous waste to the environment?</p> <p>8. Do chemicals or wastes appear to have been discharged to the environment through improper
 handling, leaks, spills, dumping or other discharges?</p> | <p>YES* NO</p> <p>YES* NO</p> <p>YES* NO</p> <p>YES NO*</p> <p>YES* NO</p> <p>YES* NO</p> |
| <p>9.A. Does facility generate non-hazardous process wastes, excl. office paper, cafeteria wastes, etc?
 If NO, go to Question 10. If YES, continue:</p> <p>B. What type of non-hazardous wastes does the facility handle? (<u>e.g.</u>, treatment sludges, ash,
 solvents, waste oils) _____.</p> <p>C. Very briefly describe the process(es) that generate the wastes in Question 9B.
 _____.</p> | <p>YES* NO</p> |
| <p>Do waste generation, handling, management or disposal appear to, or threaten to, cause
 environmental damage?</p> | <p>YES* NO</p> |

Spill Prevention, Control & Countermeasure (SPCC)

1. A. Does the facility store oil, whether petroleum, vegetable or transformer oil?

YES

NO

1. B. If YES, does the storage capacity exceed:

1320 gallons in all aboveground storage tanks?

YES*

NO

42,000 gallons in underground storage tanks (USTs)?

YES*

NO

(Excluding USTs that come under EPA's UST regulation at 40 CFR §280, or a State-delegated UST regulation 40 CFR §281 - - ASK THE FACILITY REPRESENTATIVE: SINCE THE TANKS MUST BE REGISTERED, THE FACILITY REP SHOULD KNOW.)

List aboveground oil storage capacity: 10,000 gals + 2,600 gals (4 Tanks)
List underground oil storage capacity:

2. If the answer to either part of #1. B. was YES, did the facility show you a copy, or have available a Spill Prevention, Control, and Countermeasure (SPCC) Plan?

YES NO*

3. Did the facility have an oil spill within the last 12 months that reached surface waters?

W SPILL OF 50 gallons contained.

YES*

NO

Note:

If any one of the items denoted above for referral with an asterisk (*) are present, and the total above ground oil storage capacity of the facility is 20,000 gallons or greater, refer the facility for followup action by the SPCC program

If any one of the items denoted above for referral with an asterisks (*) are present and the total above ground oil storage capacity of the facility is less than 20,000 gallons, please refer the facility to the SPCC program for informational purposes. These facilities are generally a low priority for the SPCC program, and are seldom inspected.

If completion of the above questions will result in a referral for followup action, if possible take pictures of the tanks, provide a brief description of the distance from the tanks to the nearest surface water, and forward this information along with the referral.

Facility Response Plan (FRP)

1. Does the facility have an above-ground oil storage capacity 42,000 gallons and conduct operations that include over-water transfers of oil to or from vessels?

N/A

YES* NO

2. Does the facility have oil storage capacity one million gallons?

YES* NO

3. Did the facility submit a Facility Response Plan to the EPA?

YES NO

Toxic Substances Control Act (TSCA)

Polychlorinated Biphenyls (PCBs)

SAFETY WARNING: Stay ten feet from any high voltage conductors.

1. Is there liquid-filled electrical equipment (transformers, capacitors) manufactured before 1980?
(Exclude equipment with <3 lb (1 quart) of fluid. Only include utility-owned equipment when inspecting a utility.) YES NO
 - A. If **Yes**, how many of the above are transformers containing: PCBs >500 ppm? _____ *
 - <500 ppm but 50 ppm? _____ *
 - fluid of unknown PCB concentration? _____ *
 - B. If **Yes**, how many of the above are capacitors? _____ *
 2. Are there hydraulic systems manufactured before 1980 that use/used high temperature fluid? YES NO
 - A. If **Yes**, has each system been tested for PCBs? YES NO*
 - B. Do any currently have PCB concentrations 50 ppm? YES* NO
 3. Does the facility have any oil-filled heat transfer systems manufactured before 1980? YES NO
 - A. If **Yes**, has each system been tested for PCBs? YES NO*
 - B. Do any currently have PCB concentrations >50 ppm? YES* NO
 4. Does the facility have PCB waste stored for disposal? YES* NO
- OBSERVE PCB Items** (transformers, capacitors, containers) NA
- Are any **leaking**? YES* NO
- Do all (except transformers <500 ppm) have a **PCB Mark M_L**? YES NO*
- OBSERVE PCB Waste:** In addition to the PCB Mark M_L, is PCB waste in storage for disposal marked with the **date removed from service for disposal**? YES NO*
- Is **PCB waste currently stored** for more than 30 days in any area? YES NO
- If **YES**, is the storage area included in a RCRA permit for storing hazardous waste in containers? YES NO
- If **NO**, does the area have a roof and walls to keep out rain? YES NO*
- a 6"-high impervious containment berm? YES NO*
- a PCB Mark M_L for the area? YES NO*
- a location not in a 100-year flood plain? YES NO*

General Chemical Regulations: Does the facility manufacture, or import into the United States, any chemicals for which they are the sole manufacturer/importer?

YES NO

If **YES**, do they know that these chemicals are on the TSCA chemical inventory?

YES NO*

Underground Storage Tanks (USTs)

Does any UST have >10% volume underground **and** contain petroleum products or CERCLA hazardous substances?

YES ☒ NO

Do all USTs store fuel oil for on-site heating?

YES NO

If YES, the facility is exempt. Do not complete the rest of the UST questions.

Name the petroleum product or hazardous substance in each UST.

Is there evidence of UST leakage/spillage?

YES* NO

*** Refer facility to the Water Compliance Branch.**

Wetlands

1. A. Are wet areas (marshes, swamps, bogs) on or adjacent to the site?
(A federal wetland need not have standing water or wetland-type vegetation; some wetlands have shrubs and trees.)

YES ☒ NO

B. Are there any waterbodies or waterways on or adjacent to the site?

☒ YES NO

2. If # 1. A **OR** B is **YES**, is any clearing, filling, dredging, ditching, construction, etc. being conducted on or over the areas, **or** is there any evidence that such activities occurred very recently?

YES ☒ NO

3. If **YES**, when was the work undertaken? _____
Does the facility have any permits for this work?

YES NO*

4. If **YES**, what agency(s) issued the permits? _____
e.g., U.S. Army Corps of Engineers; State environmental agency.
For federal permits, what type of permits are they (i.e., nationwide, regional, individual)?

If facility is unable to provide adequate response to # 4, ***REFER***.

CRIMINAL ACTS

During the course of this inspection, has anything been brought to your attention indicating:

1. That the facility is involved in deliberate acts of dumping or discharging wastes

YES* ☒ NO

2. Bad intent or conduct? e.g., falsification of records or efforts to conceal activities?

YES* ☒ NO

3. Actual harm to individuals as a result of violations?

YES* ☒ NO

4. Other activity or behavior that you believe indicates criminal behavior?

YES* ☒ NO

*** Refer to Criminal Investigation Division, if you checked YES.**



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 2
290 BROADWAY
NEW YORK, NY 10007-1866

AUG 31 2004

CERTIFIED MAIL- RETURN RECEIPT REQUESTED

Article number: 7002 2030 0006 5358 4683

Mr. Ramon Sanchez, Team Manager
Aventis Pharmaceuticals PR Inc.
PO Box 345
Road 604 San Jose
Manati, P.R. 00674

Re: **Notice of Violation**
Aventis Pharmaceuticals PR Inc.
PRD091101543

Dear Mr. Sanchez:

The U.S. Environmental Protection Agency (EPA) is charged with the protection of human health and the environment under the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. §§ 6901 et seq.

Pursuant to RCRA, as amended by the Hazardous and Solid Waste Amendments of 1984 (HSWA), the EPA promulgated rules, regulations, and standards governing the handling and management of hazardous waste as set forth in 40 C.F.R. Parts 260-272. For the purposes of this Notice of Violation, the hazardous waste regulations governing the generation of hazardous waste were promulgated in 1980 and amended by HSWA in 1984.

This Notice of Violation (NOV) is issued pursuant to Section 3008 of the Solid Waste Disposal Act, as amended by RCRA and HSWA, 42 U.S.C. §§ 6901, 6928.

From a review of manifests, it has been determined that the facility is a Large Quantity Generator (LQG).

On or about **June 15, 2004** pursuant to Section 3007 of RCRA, 42 U.S.C. § 6927, a duly authorized representative of EPA conducted a RCRA Hazardous Waste Compliance Evaluation Inspection (CEI) of Aventis Pharmaceuticals PR Inc. As a result of that inspection, the following violations were found:

Pursuant to 40 C.F.R. § 262.34(a), a LQG may accumulate hazardous waste on site, without a permit or interim status for 90 days or less provided that the generator complies with the requirements of (a)(2) and (a)(3) of this section. The LQG also has to comply with Subpart I of Part 265 (management of containers), Subpart C of Part 265 (preparedness and prevention), Subpart D (contingency plan and emergency procedures) and Part 265.16 (personnel training) among other regulations.

(1)(a) 40 C.F.R. § 262.34 (a) and 40 C.F.R. § 265.173 (a) require that a container holding hazardous waste must always be closed during storage, except when it is necessary to add or remove waste.

(b) At the time of the inspection, there was 1 open fifteen gallon container storing hazardous waste in a satellite accumulation area in the QA/QC laboratory.

(c) Aventis Pharmaceuticals PR, Inc.'s failure to close the containers as alleged in 1 (a) is a violation of 40 C.F.R. § 262.34 (a) and 40 C.F.R. § 265.173 (a).

2(a) 40 C.F.R. § 265.16 (d) requires that the owner or operator of a facility must maintain the following documents and records at the facility:

(1) The job title for each position at the facility related to hazardous waste management and the name of the employee filling each job;

(2) A written job description for each position listed under (d)(1) of this Section. This description may be consistent in its degree of specificity with the descriptions for other similar positions or bargaining unit, but must include the requisite skill, education or other qualifications, and duties of facility personnel assigned to each position;

(3) A written description of the type and amount of both introductory and continuing training given to each person filling a position listed under paragraph (d)(1) of this section.

(b) At the time of the inspection, Aventis Pharmaceuticals PR, Inc. did not have any of the documents required in paragraph 2 (a).

(c) Aventis Pharmaceuticals PR, Inc.'s failure to maintain the documents required in paragraph 2 (a) is a violation of 40 C.F.R. § 265.16 (d).

3(a) 40 C.F.R. § 265.52 (c) requires that the contingency plan must describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to § 265.37.

(b) At the time of the inspection, Aventis Pharmaceuticals PR, Inc. did not have such arrangements in their contingency plan.

(c) Aventis Pharmaceuticals PR, Inc.'s failure to have the arrangements as alleged in 3 (b) is a violation of 40 C.F.R. § 265.52 (c).

4(a) 40 C.F.R. § 265.52 (e) requires that a facility's contingency plan must include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required. This list must be kept up to date. In addition, the plan must include the location and physical description of each item on the list, and a brief outline of its capabilities.

(b) At the time of the inspection, Aventis Pharmaceutical PR, Inc. did not include a list of emergency equipment in its contingency plan. It also did not include the location, physical description and a brief outline of each equipment's capability.

(c) Aventis Pharmaceutical PR, Inc. failure to have a list of emergency equipment and to include the location, physical description and brief outline of each equipment's capability is a violation of 40 C.F.R. § 265.52 (e).

Please submit, within thirty (30) days of the receipt of this correspondence, a response which includes [1] a description of the actions you have taken to correct the violations cited above and [2] documentation demonstrating that the violations have been corrected.

Failure to comply and submit the documentation requested in this Notice of Violation may subject you and/or your company to the enforcement provisions of Section 3008 of RCRA, 42 U.S.C. § 6928.

If you have any questions regarding this letter, please contact Mr. Abdool Jabar at 212 637-4131.

Sincerely yours,

**Original signed by
George Meyer**

George C. Meyer, P.E., Chief
RCRA Compliance Branch

cc: Carmelo Vasquez, EQB
Carlos O'Neill, CEPD

bcc: RCRA files ✓
A. Jabar, DECA-RCB
RCB Files

RCRA INSPECTION REPORT:
Aventis Pharmaceuticals PR, Inc.
Road 604 San Jose
Manati, PR 00674

Inspector: Abdool Jabar, USEPA, Environmental Engineer

Date of Inspection: 6/15/04

EPA Handler ID #: PRD091101543

Reason for Inspection: Compliance Inspection

Attendees:

Abdool Jabar, USEPA Region II DECA-RCB, (212) 637-4131

Ramon Sanchez, EHS Manager

Gabriel Ruiz, Environmental Engineer

Background:

Aventis Pharmaceuticals is a pharmaceutical company that was formed by the merger of a French pharmaceutical company, Rhone Poulenc and a German pharmaceutical company, Hoechst. In the near future, it will be merged with another French pharmaceutical company, Sanofi. Aventis is a world leader in the discovery, development and marketing of innovative pharmaceutical products. It focuses its activities in important therapeutic areas such as oncology, cardiology/thrombosis, respiratory/allergy, diabetes, arthritis/osteoporosis and the central nervous system. At the time of the inspection, Aventis Pharmaceuticals PR, Inc. was formulating an aerosol spray that is used in treating asthma. This facility also manufactures creams and ointments for various applications. A review of information from RCRAInfo determined that the facility is a large quantity generator. Among the hazardous waste generated are spent solvent, fluorescent light bulbs, corrosive liquid (acidic), spent mineral spirits and lab packs. An opening conference was held with the facility representatives and the scope of the inspection was discussed. The inspector also gave the facility representatives a list of documents that was to be presented for review. At the conference, the facility representatives stated that there are two hazardous waste container storage areas on site and a number of satellite accumulation areas. After the conference, a site tour was conducted.

Inspection Summary

The first area visited was one of the hazardous waste container storage area. There were two 30 gallon containers storing hazardous waste. The containers were labeled with the words "hazardous waste" and had the accumulation start dates on them. The container storage area had a telephone and an alarm nearby. When the operator is handling hazardous wastes, a two-radio is available for his use.

The next area visited was the QC/ HPLC laboratory. In this lab there were 2 labeled 15 gallon containers, one of which was open. There were 3 labeled 5 gallon containers. The chemical laboratory was next visited. In this area, there were 1 labeled container (5 gal) and 40 liters of hazardous waste accumulating in 8 satellite containers which were labeled and placed in a hood. Although, the facility was not in violation, the issue was raised as to why the facility was accumulating hazardous waste in a number of containers (one for each waste code) in the hood when the facility can use the hazardous waste container storage area which was in close proximity. The facility promised to review its policy with regards to hazardous waste accumulation and storage.

The inspection continued with a visit to the second container storage area. There was a shipment of hazardous waste earlier in the day. There was one labeled 4 liter container storing hazardous waste. In the manufacture area, the facility showed the inspector a room which was away from the processing area and is used as a satellite area. At the time of the inspection, there was no hazardous waste in the container that was in the area because the facility was not formulating the product at that time.

RCRA INSPECTION REPORT:
Aventis Pharmaceuticals PR, Inc.
Road 604 San Jose
Manati, PR 00674

The inspector informed the facility representatives that the area cannot be a satellite area because it is not near to the point of generation and has to be treated as a container storage area. The facility promised to treat the area as a container storage area when they start to manufacture the product again and accumulate hazardous waste.

RECORD REVIEW

Manifests

Manifests for the past three years were reviewed and there were no problems.

Personnel Training

Personnel training records were reviewed. The facility did not have a job title and the name for each person managing hazardous waste. The facility did not have a written job description for each position above. The facility did not have a written description of the introductory and continuing training that will be given to each person managing hazardous waste.

Contingency Plan

The contingency plan was reviewed and there were no description of arrangements agreed to by the local authorities to coordinate emergency services and no list of emergency equipment in the plan.

Emergency & Preparedness

The documentation was reviewed and found to be acceptable.

Weekly Inspection

The weekly inspection log was reviewed and inspections were done.

Violations

- (1) There was one 15 gallon container which was open.
- (2) The facility's contingency plan had no description of the arrangements made by the facility and the police department, fire department, hospital, contractors, and State and local emergency response teams to coordinate emergency services.
- (3) The facility did not have a job title and the name for each person managing hazardous waste.
- (4) The facility did not have a written job description for each position above.
- (5) The facility did not have a written description of the introductory and continuing training that will be given to each person managing hazardous waste.

Closing conference

A closing conference was held and the facility was informed of the violations.

Enforcement

A Notice of Violation will be sent to the facility.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/06/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.


EPA I.D. NUMBER	→	PRD091101543
INSTALLATION NAME	→	AVENTIS PHARMACEUTICALS PR INC
INSTALLATION ADDRESS	→	RD 604 SAN JOSE COTTO NORTE IND PK MANATI, PR 006748504
MAILING ADDRESS	→	PO BOX 345 MANATI, PR 006748504

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949

TO: AVENTIS PHARMACEUTICALS PR INC
or Current Occupant
ATTN: GERMAN HEREDIA - ENV ENGR
PO BOX 345
MANATI, PR 00701

<small>Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</small>		<h1>Notification of Regulated Waste Activity</h1>  EPA United States Environmental Protection Agency		Date Received (For Official Use Only)	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input type="checkbox"/> A. Initial Notification		<input checked="" type="checkbox"/> B. Subsequent Notification (Complete item C)		C. Installation's EPA ID Number	
				P R D 0 9 1 1 0 1 5 4 3	
II. Name of Installation (Include company and specific site name)					
A V E N T I S P H A R M A C E U T I C A L S P R I N C					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street					
R O A D 6 0 4 S A N J O S E C O T T O N O R T E					
Street (Continued)					
I N D U S T R I A L P A R K					
City or Town				State	Zip Code
M A N A T I				P R	0 0 6 7 4 - 8 5 0 4
County Code	County Name				
IV. Installation Mailing Address (See instructions)					
Street or P.O. Box					
P O B O X 3 4 5					
City or Town				State	Zip Code
M A N A T I				P R	0 0 6 7 4 - 8 5 0 4
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (Last)			Name (First)		
H E R E D I A			G E R M A N		
Job Title			Phone Number (Area Code and Number)		
E N V . E N G I N E E R			7 8 7 - 6 2 1 - 6 0 0 0		
VI. Installation Contact Address (See instructions)					
A. Contact Address Location		B. Street or P.O. Box			
<input type="checkbox"/> Location <input checked="" type="checkbox"/> Mailing					
City or Town		State	Zip Code		
			-		
VII. Ownership (See instructions)					
A. Name of Installation's Legal Owner					
A V E N T I S P H A R M A C E U T I C A L S P R O D U C T S I N C .					
Street, P.O. Box, or Route Number					
3 9 9 I N T E R P A C E P A R K W A Y					
City or Town				State	Zip Code
P A R S I P P A N Y				N J	0 7 0 5 4 -
Phone Number (Area Code and Number)		B. Land Type	C. Owner Type	D. Change of Owner Indicator	
9 7 3 - 3 9 4 - 6 0 0 0		P	P	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				Date Changed Month Day Year 1 2 1 6 1 9 9 9	

Mailing Address verified us Post Office

U.S. EPA
AGENCY RO II
01 JAN 23 PM 12:53
Hazardous & Solid Waste
PROGRAMS BRANCH

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
- ☐ 4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 3	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 0 4	D 0 0 7	D 0 0 8	D 0 0 9

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

Claude Bourgon General Manager

Date Signed

2001/01/15

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

ID - For Official Use Only

IX. Description of Hazardous Wastes (Continued; Additional Sheet)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96

B. Toxicity Characteristic Hazardous Wastes. (See 40 CFR 261.24; Use this page only if you need to list more than 4 waste codes.)

5	6	7	8	9	10
D 0 1 0	D 0 1 1	D 0 1 8	D 0 2 2	D 0 2 8	D 0 3 5
11	12	13	14	15	16
D 0 3 8	D 0 3 9	D 0 4 0			
17	18	19	20	21	22

Aventis Pharmaceuticals Puerto Rico Inc.



January 12, 2001

U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch
290 Broadway Street, 22n Floor
New York, New York 10007-1866

**RE: FORM 8700-12- SUBSEQUENT NOTIFICATION; COMPLETED FORM
FACILITY NAME CHANGE
AVENTIS PHARMACEUTICALS P.R. INC. (formerly Rhone-Poulenc Rorer P.R. Inc.)
PRD091101543**

Dear Sir or Madam:

Enclosed please find form 8700-12 completed. The name of the facility was changed on December 12, 2000. The new name is Aventis Pharmaceuticals Puerto Rico Inc. Should you have any comment or question please contact us at (787) 621-6000.

Regards,

Claude Bourgon
General Manager

c.c. Mr. José Jaime Lajara
Puerto Rico Environmental Quality Board
Land Pollution Control Area
P.O. Box 11488
Santurce, Puerto Rico 00910-1488

EUGENE W. SCOTT & ASSOCIATES

ARCHITECTS-ENGINEERS / G.P.O. Box 3028, San Juan, Puerto Rico 00936 / (809)754-5500

January 19, 1989

U.S. EPA REGION II
26 Federal Plaza
New York, N.Y. 10278

Re: RPC, Inc.
A Rorer Company
Manatí, Puerto Rico

Dear Sirs:

RPC, Inc. (Rorer), formerly USV Laboratories, Inc. (USV), is a manufacturing pharmaceuticals facility recently registered to do business in Puerto Rico. Rorer bought the USV facilities at the end of 1987. At this moment they are transferring all the documents from USV to Rorer.

By this means Rorer is requesting an EPA ID Number to manage hazardous waste as a small quantity generator (less than 1000 kg/month). The facility has an EPA ID Number (PRD 091101543) as USV. They are now requesting an ID Number under the new name and they are requesting to eliminate the old number under USV Laboratories. The facility needs this number as soon as possible.

Enclosed please find the application for the Notification of Hazardous waste activities. The hazardous waste to be generated are all residues from laboratory and some residues from the production areas (cleaning activities).

Should you have any questions, please call me.

Cordially,



René Silva Cofresí
Manager
Environmental and Permit

EUGENE W. SCOTT & ASSOCIATES

ARCHITECTS AND ENGINEERS 100 BOULEVARD OF THE ARTS NEW YORK 17, N.Y.

1959

1959

1959

1959

1959

1959

1959

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

ID — For Official Use Only															
C														T/A	C
W															1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 2	D 0 0 9	D 0 1 0			
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

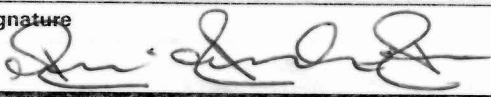
☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) René Ronda Maintenance Superintendent	Date Signed 1-19-89
--	---	------------------------

RECEIVED
JAN 23 PM 3:35
EPA REGION 1
MAINTENANCE SUPERINTENDANT



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PR0091101543

RPC INC
PO BOX 345
MANATI

PR 00701

INSTALLATION ADDRESS

ROAD 604 SAN JOSE IND. PARK
MANATI

PR 00701



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•PRD091101543

INSTALLATION ADDRESS

USV LABS INC AND PR DEVELOPMENT CORP
PO BOX 345
HAWAII PR 00701

SAN JOSE RD PR604 ST HWY NO 2
HAWAII PR 00701

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

NAME OF INSTALLATION

II. INSTALLATION
MAILING
ADDRESSIII. LOCATION
OF INSTALLATIONIF A PREPRINTED LABEL HAS BEEN RECEIVED
FROM EPA ATTACH IT IN THIS SPACE AND
LEAVE ITEMS I, II AND III BLANK

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FPRD09/10/543

T/A C

21

800818

I. NAME OF INSTALLATION

USV LABS INC AND PR DEVELOPMENT CORP

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 345

CITY OR TOWN

MANATI

ST.

ZIP CODE

PR00701

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAN JOSE RD PR604 ST HWY NO 2

CITY OR TOWN

6 MANATI

ST.

ZIP CODE

PR00701

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 KOLSTAD CHARLES VICE PRESIDENT 809-854-2295

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 USV PHARMACEUTICAL CORPORATION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

S	W	P	R	0	0	9	1	1	0	1	5	4	3	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 0 2	U 0 4 3	U 0 4 4	U 1 0 8	U 1 1 2	U 1 1 7
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 1 2 5	U 1 3 4	U 1 3 5	U 1 5 4	U 1 9 6	U 2 0 0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 1 1	U 2 2 0				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Charles K. Kolstad, Ph.D.
Vice President

8/6/80

* Infectious Wastes not yet published by EPA (§ 261.34)

af



~~May - Make a copy~~
~~this am~~
~~a file it to~~
~~Tina~~
~~Jul~~

~~A B C D E F G H I J K L M N O P Q R S T U V W X Y Z~~

~~I'm the~~
~~will be~~
~~a g.i.d~~
~~and take~~
~~for next~~
~~week.~~
~~ambition~~
~~inpatient/counselor~~
~~assistance.~~

~~STE ACTIVITY~~
~~GRADE STATUS REQUEST~~

Pedro A. Cortés
Environmental Engineer
Enc.

THE RÖMME-PORTAL FORER

THE RÖMME-PORTAL FORER



1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

1/1

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

P R D 0 9 1 1 0 1 5 4 3

II. Name of Installation (Include company and specific site name)

R H O N E - P O U L E N C R O R E R P R I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

R O A D 6 0 4 S A N J O S E I N D. P A R K

Street (Continued)

City or Town

State

Zip Code

M A N A T I

P R

0 0 7 0 1 -

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

C O R T E S

P E D R O

Job Title

Phone Number (Area Code and Number)

E N V I R O N M E N T A L

7 8 7 - 8 5 4 - 1 0 5 8

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

P O B O X 3 4 5

City or Town

State

Zip Code

M A N A T I

P R

0 0 7 0 1 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

R H O N E - P O U L E N C R O R E R I N C.

Street, P.O. Box, or Route Number

5 0 0 A R C O L A R O A D P O B O X 1 2 0 0

City or Town

State

Zip Code

C O L L E G E V I L L E

P A

1 9 4 2 6 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

6 1 0 - 4 5 4 - 8 0 0 0

P

P

Yes

X

No

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000 kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter/Referral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic ☒ (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D 0 0 4 D 0 0 5 D 0 0 7 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F 0 0 2	2 F 0 0 3	3 F 0 0 5	4 F 0 0 9	5 D 0 1 0	6 D 0 1 1
7 D 0 0 9	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA-REGION II
98 MAR 31 AM 9:05
RCRA COMP. BR.



RHÔNE-POULENC RORER PUERTO RICO INC.

P.O. BOX 345
MANATI, P.R. 00674
TEL. (809) 854-1058

March 24, 1998

Jorge Meyer, Director
RCRA Compliance Branch
USEPA – Region II
Permits Administration Branch
290 Broadway
New York, N.Y. 10007-1866

RE: NOTIFICATION OF REGULATED WASTE ACTIVITY
SUBSEQUENT NOTIFICATION – UPGRADE STATUS REQUEST
RHONE-POULENC RORER P.R., INC.
INSTALLATIONS EPA ID NUMBER: PRD091101543


Dear Mr. Meyer:

Please find enclosed EPA Form 8700-12 "Notification of Regulated Waste Activity" regarding a Subsequent Notification for our facility in Manatí, Puerto Rico.

This "Subsequent Notification" corresponds to an Upgrade Status Request for our facility from Small Quantity Generator to Generator. The reason for this request is that due to an increase in the manufacturing operations at our facility in Manatí, Puerto Rico more than 1,000 kg/mo of hazardous wastes, consisting mainly of spent isopropyl alcohol, will be generated. Hazardous wastes will be stored at the facility for less than 90 days, as established. In addition to this notification, the facility has prepared a Hazardous Generator Contingency Plan, as established on 40 CFR 403.8, 264 and 265, copy of which is available at the facility.

Should you have any comments or questions regarding the aforementioned enclosure or any other additional information, which might be required, please contact us at (787) 854-1058.

Regards,


Pedro A. Cortes
Environmental Engineer
Enc.

Handwritten notes:
Mey - Mark a copy
this am
a file it for
Jorge Meyer
ring the
not be
a good
and else
for not
Week
Exhaustion
injection/capturing
mitigation
Done
by
TON & POW

THE UNIVERSITY OF CHICAGO

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

P R D 0 9 1 1 0 1 5 4 3

II. Name of Installation (Include company and specific site name)

R H O N E - P O U L E N C R O R E R P R I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

R O A D 6 0 4 S A N J O S E I N D. P A R K

Street (Continued)

City or Town

M A N A T I

State

P R

Zip Code

0 0 7 0 1 -

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

C O R T E S

(First)

P E D R O

Job Title

E N V I R O N M E N T A L

Phone Number (Area Code and Number)

7 8 7 - 8 5 4 - 1 0 5 8

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

☐
☐

B. Street or P.O. Box

P O B O X 3 4 5

City or Town

M A N A T I

State

P R

Zip Code

0 0 7 0 1 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

R H O N E - P O U L E N C R O R E R I N C.

Street, P.O. Box, or Route Number

5 0 0 A R C O L A R O A D P O B O X 1 2 0 0

City or Town

C O L L E G E V I L L E

State

P A

Zip Code

1 9 4 2 6 -

Phone Number (Area Code and Number)

6 1 0 - 4 5 4 - 8 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed) Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic) ☒
- ☒ ☒ ☒ ☒ D 0 0 4 D 0 0 5 D 0 0 7 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F 0 0 2	2 F 0 0 3	3 F 0 0 5	4 F 0 0 9	5 D 0 1 0	6 D 0 1 1
7 D 0 0 9	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/01/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	PRD091101543
INSTALLATION NAME	→	RHONE POULENC RORER PR INC
INSTALLATION ADDRESS	→	RD 604 SAN JOSE IND PARK MANATI, PR 00701
MAILING ADDRESS	→	PO BOX 345 MANATI, PR 00674

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: CORTES, PEDRO
ENVIRONMENTAL
PO BOX 345
MANATI, PR 00701

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)98 DEC 17 PM 4:48
99-02-18**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☐

A. Initial Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

P R D 0 9 1 1 0 1 5 4 3

II. Name of Installation (Include company and specific site name)

R H O N E - P O U L E N C R O R E R P R I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

R O A D 6 0 4 S A N J O S E I N D. P A R K

Street (Continued)

City or Town

M A N A T I

State

Zip Code

P R 0 0 7 0 1 -

County Code

County Name

0 9 1

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. BOX 3 4 5

City or Town

M A N A T I

State

Zip Code

P R 0 0 6 7 4 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

C O R T E S

P E D R O

Job Title

Phone Number (Area Code and Number)

E N V I R O N M E N T A L

7 8 7 - 8 5 4 - 1 0 5 8

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing

☐

B. Street or P.O. Box

P O B O X 3 4 5

City or Town

M A N A T I

State

Zip Code

P R 0 0 7 0 1 -

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

R H O N E - P O U L E N C R O R E R I N C.

Street, P.O. Box, or Route Number

5 0 0 A R C O L A R O A D P O B O X 1 2 0 0

City or Town

C O L L E G E V I L L E

State

Zip Code

P A 1 9 4 2 6 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

6 1 0 - 4 5 4 - 8 0 0 0

P

P

Yes

X

No

Change Status

HAZARDOUS & SOLID WASTE PROGRAMS BRANCH

II. or Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
 ☐ 1. Smelter/Deferral
 ☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)
 ☐ 1. Utility Boiler
 ☐ 2. Industrial Boiler
 ☐ 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒
- D 0 0 4 D 0 0 5 D 0 0 7 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)


1 F 0 0 2	2 F 0 0 3	3 F 0 0 5	4 F 0 0 9	5 D 0 1 0	6 D 0 1 1
7 D 0 0 9	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) Joe R. Casper / Eng. MGR.	Date Signed 2/2/1999
---	--	-------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

U.S. EPA
AGENCY FOI
59 FEB 18 PM 1999



U.S. EPA
AGENCY RO II

98 DEC 17 PM 4:48

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

RHÔNE-POULENC RORER PUERTO RICO INC.

P.O. BOX 345
MANATI, P.R. 00674
TEL. (809) 854-1058

November 17, 1998

RCRA PERMIT ADMINISTRATION BRANCH
USEPA - REGION II
Permits Administration Branch
290 Broadway
New York, N.Y. 10007 - 1866

U.S. EPA
AGENCY RO II
99 FEB 18 PM 4:43
HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

RE: NOTIFICATION OF REGULATED WASTE ACTIVITY SECOND NOTICE
SUBSEQUENT NOTIFICATION - UPGRADE STATUS REQUEST
RHONE - POULENC RORER P.R., INC.
INSTALLATION'S EPA ID NUMBER: PRD091101543

To whom it may concern:

Please find enclosed copy of EPA FORM 8700-12 "Notification of Regulated Waste Activity" regarding a Subsequent Notification for our facility in Manatí, Puerto Rico and sent to Mr. Meyer during the past March 24, 1998. Unfortunately, as of this date we have not received communication of receipt from your office.

This "Subsequent Notification" corresponds to an Upgrade Status Request for our facility from Small Quantity Generator to Generator. The reason for this request is that due to an increase in the manufacturing operations at our facility in Manatí, Puerto Rico more than 1,000 kg/mo. of hazardous wastes, consisting mainly of spent isopropyl alcohol, will be generated. Hazardous wastes will be stored at the facility for less than 90 days, as established. In addition to this notification the facility has prepared a Hazardous Generator Contingency Plan, as established on 40 CFR 403.8, 264 and 265, copy of which is available at the facility.

Should you have any comments or questions regarding the aforementioned, enclosure or any other additional information which might be required, please contact us at (787) 854-1058.

Regards,

José Osorio
Engineering Manager



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 2
290 BROADWAY
NEW YORK, NY 10007-1866

From: Jack Hoyt, DEPP

To: Petio Cortez

Date: JAN / 6 /1998

Subject: Form 8700-12, Notification of Regulated Waste Activity.

Per the advisory of the change in the company status.

Please complete the enclosed form. The form must be signed by the generator to update and register the company file.

Your kind attention to this matter is appreciated.

See HIGH LIGHTED ITEMS
AND AN ORIGINAL SIGNATURE IS NECESSARY

Please return to: Jack Hoyt
US EPA
290 Broadway
22nd Floor
New York, NY 10007-1866

If you have any questions, please phone: (212) 637-4106.

Truly,

Jack Hoyt
RCRA Permits



U.S. EPA
AGENCY ROUTE

99 FEB 18 PM 4:43

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

RHÔNE-POULENC RORER PUERTO RICO INC.

P.O. BOX 345
MANATI, P.R. 00674
TEL. (809) 854-1058

January 20, 1999

Mr. Jack Hoyt
US EPA
290 Broadway
22nd Floor
New York, NY 10007-1866

RE: FORM 8700-12 - SUBSEQUENT NOTIFICATION; COMPLETED FORM
CHANGE STATUS
RHONE-POULENC RORER, P.R., INC.
PRD091101543

Dear Mr. Hoyt:

Please find enclosed form 8700-12 completed as requested. Should you have any other comments or questions please contact us at (787) 8541058.

Regards,

A handwritten signature in black ink, appearing to be 'Jose Osorio', written over a horizontal line.

Jose Osorio
Engineering Director

c.c. Israel Torres
Director
RCRA PROGRAM
PUERTO RICO ENVIRONMENTAL QUALITY BOARD
Hato Rey, Puerto Rico

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Version 5.0

User Selection Criteria

Location:	Puerto Rico, all activities	Activity Location:	None Chosen
Handler ID:	PRD091101543	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 06/21/2016		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages: 12 Total Handlers: 1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 2

INYX USA, LTD				County Name / Code: MANATI / PR091				PRD091101543			
Location: SAN JOSE ROAD; COTTO NORTE INDUSTRIAL PARK; BDA SAN JOSE, PR 00674								REGION 02			
Mailing: P.O. BOX 345; BDA SAN JOSE, PR 00674											
Activity Location: PR		State District:		Accessibility:		Non-Notifier:		Extract Flag: Y		Active Site: Y	
Generator: LQG		Transporter: N		Operating TSDF: -----		IC In Place: N		EI Indicator (HE / GW): N / N			
Short-Term Gen: N		Transfer Facility: N		Offsite Receiver: N		HSM: N		Subpart K: -----			
Full Enforcement: -----		Converter: -----		State Unaddressed SNC: N		EPA Unaddressed SNC: N					
CA Wrkld: N		State TSDF: -----		State Addressed SNC: N		EPA Addressed SNC: N					
Active State Gen: N				State SNC w/Comp Sched: N		EPA SNC w/Comp Sched: N					
Violation: Activity Location: PR Type: 262.D Determined Date: 10/30/2008 Determined by Agency: State Responsible Agency: State											
Scheduled Compliance Date:				Actual Compliance Date: 10/30/2008				RTC Qualifier: OBSERVED		Sequence Number: 16	
Citation Information: Seq #		Type		Citation							
1		STATE REGULATION		RCHSW Rule 503A							
CEI Evaluation 06/09/2008		Activity Location: PR		By: State		Identifier: 001		Person: EJL		Branch: PRHWCI Found Violation: YES	
Citizen Complaint: NO		Multimedia Inspection: NO		Sampling: NO		Not Subtitle C: NO		Day Zero: 06/09/2008		Focus Area:	
Enforcement: Activity Location: PR		Type: 120		Action Date: 10/30/2008		Identifier: 001					
Docket:		Agency: State		Responsible Person: EJL		Branch: PRHV					
CA Component: N		Disposition Status:		Appeal Initiated:		Appeal Resolved:					
Violation: Activity Location: PR Type: 262.A Determined Date: 06/15/2004 Determined by Agency: EPA Responsible Agency: EPA											
Scheduled Compliance Date:				Actual Compliance Date: 09/23/2004				RTC Qualifier: DOCUMENTED		Sequence Number: 1	
CEI Evaluation 06/15/2004		Activity Location: PR		By: EPA		Identifier: 001		Person: R2AHJ		Branch: RCB Found Violation: YES	
Citizen Complaint: NO		Multimedia Inspection: NO		Sampling: NO		Not Subtitle C: NO		Day Zero:		Focus Area:	
Enforcement: Activity Location: PR		Type: 120		Action Date: 08/31/2004		Identifier: 001					
Docket:		Agency: EPA		Responsible Person: R2AHJ		Branch: RCB					
CA Component: N		Disposition Status:		Appeal Initiated:		Appeal Resolved:					
Violation: Activity Location: PR Type: 262.A Determined Date: 01/08/2004 Determined by Agency: State Responsible Agency: State											
Scheduled Compliance Date: 02/08/2004				Actual Compliance Date: 06/09/2008				RTC Qualifier: DOCUMENTED		Sequence Number: 15	
Former Citation - SR - rule I812b.5 rchsw											
SNN Evaluation 09/14/2004		Activity Location: PR		By: State		Identifier: 003		Person: EMFD		Branch: Found Violation: YES	
Citizen Complaint: NO		Multimedia Inspection: NO		Sampling: NO		Not Subtitle C: NO		Day Zero:		Focus Area:	

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 3

INXX USA, LTD, PRD091101543, BDA SAN JOSE, PR, continued -

Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/17/2004	Identifier: 001
Docket:		Agency: State	Responsible Person: EMFD	Branch: PRHV
Penalty Information: Proposed: \$5,000		Final Monetary:	Collected:	Total Final:
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: PR	Type: 120	Action Date: 09/24/2003	Identifier: 001
Docket:		Agency: State	Responsible Person: EMFD	Branch: PRHV
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: PR	Type: 262.A	Determined Date: 10/25/1999	Determined by Agency: State
Scheduled Compliance Date: 11/25/1999		Actual Compliance Date: 03/01/2000	RTC Qualifier: OBSERVED	Responsible Agency: State
Former Citation - SR - rule i812e(2)/40cfr262.34(a)(3)				Sequence Number: 14
CEI Evaluation 09/14/1999	Activity Location: PR	By: State	Identifier: 000	Person: PRZTV
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: Found Violation: YES
			Day Zero:	Focus Area:
Enforcement:	Activity Location: PR	Type: 120	Action Date: 10/25/1999	Identifier: 000
Docket:		Agency: State	Responsible Person: PRZTV	Branch:
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: PR	Type: 262.A	Determined Date: 09/16/1997	Determined by Agency: State
Scheduled Compliance Date: 10/16/1997		Actual Compliance Date: 03/03/1998	RTC Qualifier: OBSERVED	Responsible Agency: State
Former Citation - SR - rule 704d(1)(c)/40cfr262.34(a)(3)				Sequence Number: 13
CEI Evaluation 07/16/1997	Activity Location: PR	By: State	Identifier: 000	Person: PRCRO
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: Found Violation: YES
			Day Zero:	Focus Area:
Enforcement:	Activity Location: PR	Type: 120	Action Date: 09/16/1997	Identifier: 000
Docket:		Agency: State	Responsible Person: PRCMF	Branch:
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State
Scheduled Compliance Date:		Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Responsible Agency: State
Former Citation - SR - rule 803F(4)				Sequence Number: 3
FCI Evaluation 10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: Found Violation: YES
			Day Zero:	Focus Area: V3
Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000
Docket:		Agency: State	Responsible Person: PRMRF	Branch:
Penalty Information: Proposed: \$58,000		Final Monetary: \$37,500	Collected:	Total Final: \$37,500
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 4

INYX USA, LTD, PRD091101543, BDA SAN JOSE, PR, continued -

Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000
Docket:		Agency: State	Responsible Person: PRMRF	Branch:
<div>Penalty Information: Proposed: \$58,000 Final Monetary: Collected: Total Final:</div>				
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000
Docket:		Agency: State	Responsible Person: PRMRF	Branch:
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date:		Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Sequence Number: 4			
Former Citation - SR - rule 812D(3)(a)(b)							
FCI Evaluation	10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR	Branch:	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:	Focus Area: V3		

Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000
Docket:		Agency: State	Responsible Person: PRMRF	Branch:
<div>Penalty Information: Penalty Information Printed Above</div>				
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000
Docket:		Agency: State	Responsible Person: PRMRF	Branch:
<div>Penalty Information: Penalty Information Printed Above</div>				
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000
Docket:		Agency: State	Responsible Person: PRMRF	Branch:
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date:		Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Sequence Number: 5			
Former Citation - SR - rule 704D3(9)							
FCI Evaluation	10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR	Branch:	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:	Focus Area: V3		

Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000
Docket:		Agency: State	Responsible Person: PRMRF	Branch:
<div>Penalty Information: Penalty Information Printed Above</div>				
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000
Docket:		Agency: State	Responsible Person: PRMRF	Branch:
<div>Penalty Information: Penalty Information Printed Above</div>				
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 5

INYX USA, LTD, PRD091101543, BDA SAN JOSE, PR, continued -

Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000			
Docket:		Agency: State	Responsible Person: PRMRF	Branch:			
CA Component: N		Disposition Status:	Appeal Initiated:	Appeal Resolved:			
Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date:			Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Sequence Number: 6		
Former Citation - SR - rule I 810 c.3							
FCI Evaluation	10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR	Branch:	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3
Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000			
Docket:		Agency: State	Responsible Person: PRMRF	Branch:			
Penalty Information: Penalty Information Printed Above							
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:		
Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000			
Docket:		Agency: State	Responsible Person: PRMRF	Branch:			
Penalty Information: Penalty Information Printed Above							
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:		
Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000			
Docket:		Agency: State	Responsible Person: PRMRF	Branch:			
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:		
Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date:			Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Sequence Number: 7		
Former Citation - SR - rule 702 B(1)							
FCI Evaluation	10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR	Branch:	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area: V3
Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000			
Docket:		Agency: State	Responsible Person: PRMRF	Branch:			
Penalty Information: Penalty Information Printed Above							
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:		
Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000			
Docket:		Agency: State	Responsible Person: PRMRF	Branch:			
Penalty Information: Penalty Information Printed Above							
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:		
Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000			
Docket:		Agency: State	Responsible Person: PRMRF	Branch:			
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:		

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 6

INYX USA, LTD, PRD091101543, BDA SAN JOSE, PR, continued -

Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Sequence Number: 8
	Former Citation - SR - rule 803E (6)				
FCI Evaluation	10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:
					Found Violation: YES
					Focus Area: V3
Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information: Penalty Information Printed Above					
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:
Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information: Penalty Information Printed Above					
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:
Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:
Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Sequence Number: 9
	Former Citation - SR - rule 803E (7)				
FCI Evaluation	10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:
					Found Violation: YES
					Focus Area: V3
Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information: Penalty Information Printed Above					
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:
Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information: Penalty Information Printed Above					
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:
Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 7

INYX USA, LTD, PRD091101543, BDA SAN JOSE, PR, continued -

Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Sequence Number: 10
Former Citation - SR - rule 803E (a)					
FCI Evaluation	10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:	Found Violation: YES
					Focus Area: V3
Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information:	Penalty Information Printed Above				
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information:	Penalty Information Printed Above				
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Sequence Number: 11
Former Citation - SR - rule502 A (2)					
FCI Evaluation	10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:	Found Violation: YES
					Focus Area: V3
Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information:	Penalty Information Printed Above				
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information:	Penalty Information Printed Above				
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:	
Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:	

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 8

INYX USA, LTD, PRD091101543, BDA SAN JOSE, PR, continued -

Violation:	Activity Location: PR	Type: 262.A	Determined Date: 05/28/1993	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 09/13/1994	RTC Qualifier: OBSERVED	Sequence Number: 12
	Former Citation - SR - rule 205 A (1)				
FCI Evaluation	10/26/1992	Activity Location: PR	By: State	Identifier: 000	Person: PRMRR
				Branch:	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:
					Focus Area: V3
Enforcement:	Activity Location: PR	Type: 310	Action Date: 09/13/1994	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information: Penalty Information Printed Above					
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:
Enforcement:	Activity Location: PR	Type: 210	Action Date: 09/30/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
Penalty Information: Penalty Information Printed Above					
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:
Enforcement:	Activity Location: PR	Type: 120	Action Date: 05/28/1993	Identifier: 000	
Docket:		Agency: State	Responsible Person: PRMRF	Branch:	
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:
Violation:	Activity Location: PR	Type: 262.B	Determined Date: 02/29/1988	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date: 03/24/1988		Actual Compliance Date: 03/28/1988	RTC Qualifier: OBSERVED	Sequence Number: 2
NRR Evaluation	02/29/1988	Activity Location: PR	By: State	Identifier: 002	Person: PREQB
				Branch:	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:
					Focus Area:
Enforcement:	Activity Location: PR	Type: 120	Action Date: 03/14/1988	Identifier: 002	
Docket:		Agency: State	Responsible Person: PREQB	Branch:	
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:
Violation:	Activity Location: PR	Type: 262.B	Determined Date: 07/30/1986	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date: 08/14/1986		Actual Compliance Date: 08/26/1986	RTC Qualifier: OBSERVED	Sequence Number: 1
NRR Evaluation	07/30/1986	Activity Location: PR	By: State	Identifier: 001	Person: PREQB
				Branch:	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:
					Focus Area:
Enforcement:	Activity Location: PR	Type: 120	Action Date: 08/04/1986	Identifier: 001	
Docket:		Agency: State	Responsible Person: PREQB	Branch:	
CA Component: N		Disposition Status:	Appeal Initiated:		Appeal Resolved:

Evaluations With No Violations:

CEI Evaluation	03/23/2012	Activity Location: PR	By: EPA	Identifier: 001	Person: R2JAS	Branch: CEPD	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 03/23/2012		Focus Area:

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 9

INX USA, LTD, PRD091101543, BDA SAN JOSE, PR, continued -

CEI Evaluation Citizen Complaint: NO	12/06/2006	Activity Location: PR Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C: NO	Person: ESRL Day Zero: 12/06/2006	Branch: PRHWCI	Found Violation: NO Focus Area:
CEI Evaluation Citizen Complaint: NO	02/01/2006	Activity Location: PR Multimedia Inspection: NO	By: EPA Sampling: NO	Identifier: 001 Not Subtitle C: NO	Person: R2OSK Day Zero:	Branch: RCB	Found Violation: NO Focus Area:
CEI Evaluation Citizen Complaint: NO	08/02/2005	Activity Location: PR Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C: NO	Person: Day Zero:	Branch:	Found Violation: U Focus Area:
CEI Evaluation Citizen Complaint: NO	09/24/2003	Activity Location: PR Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C: NO	Person: EMFD Day Zero:	Branch:	Found Violation: U Focus Area:
SNY Evaluation Citizen Complaint: NO	09/24/2003	Activity Location: PR Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 002 Not Subtitle C: NO	Person: EMFD Day Zero:	Branch:	Found Violation: N/A Focus Area:
CEI Evaluation Citizen Complaint: NO	09/11/2001	Activity Location: PR Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C: NO	Person: ESRL Day Zero:	Branch:	Found Violation: NO Focus Area:
CEI Evaluation Citizen Complaint: NO	09/08/2000	Activity Location: PR Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 001 Not Subtitle C: NO	Person: ESRL Day Zero:	Branch:	Found Violation: NO Focus Area:
CEI Evaluation Citizen Complaint: NO	02/03/1998	Activity Location: PR Multimedia Inspection: NO	By: EPA Sampling: NO	Identifier: 000 Not Subtitle C: NO	Person: R2TM Day Zero:	Branch: RCB	Found Violation: NO Focus Area:
SNN Evaluation Citizen Complaint: NO	09/13/1994	Activity Location: PR Multimedia Inspection: NO	By: State Sampling: NO	Identifier: CV3 Not Subtitle C: NO	Person: Day Zero:	Branch:	Found Violation: NO Focus Area:
SNY Evaluation Citizen Complaint: NO	05/28/1993	Activity Location: PR Multimedia Inspection: NO	By: State Sampling: NO	Identifier: CNV Not Subtitle C: NO	Person: Day Zero:	Branch:	Found Violation: N/A Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 10

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 11

Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
262.A	GENERATORS - GENERAL
262.B	GENERATORS - MANIFEST
262.D	GENERATORS - RECORDS/REPORTING

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE
FCI	FOCUSED COMPLIANCE INSPECTION
NRR	NON-FINANCIAL RECORD REVIEW
SNN	NOT A SIGNIFICANT NON-COMPLIER
SNY	SIGNIFICANT NON-COMPLIER

Focus Area	Description
V3	CONVERTED FROM V2 RCRAINFO

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: June 21, 2016 - 5:17 PM

Page 12

Description of codes used on the report:

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL
210	INITIAL 3008(A) COMPLIANCE
310	FINAL 3008(A) COMPLIANCE ORDER

* Note: Penalty amount may not reflect all violations cited.